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500.28006C10

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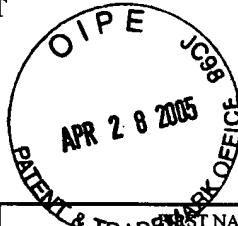
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01/28/2005

ANTONELLI, TERRY, STOUT & KRAUS, LLP
1300 NORTH SEVENTEENTH STREET
SUITE 1800
ARLINGTON, VA 22209-9889



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(Depositor's name)

(Signature)

(D)

APPLICATION NO.	FILING DATE	LAST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/813,240	03/31/2004	Masashi Horiguchi	500.28006C10	4827

TITLE OF INVENTION: SEMICONDUCTOR DEVICE HAVING REDUNDANCY CIRCUIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1400	\$300	\$1700	04/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUR, JUNG H	2824	365-200000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Antonelli, Terry, Stout & Kraus, LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2. _____	2. _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	3. _____	3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed in recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Renesas Technology Corp.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

04/28/2005 SZEWIDIE2 00000036 10813240

1400.00 OP
300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 01-2135 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Larry N. Anagnos

Date April 28, 2005

Registration No. 32,392

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